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ADVANTAGE HEALTH SOLUTIONS, INC.
A HEALTH MAINTENANCE ORGANIZATION
9490 PRIORITY WAY, WEST DRIVE
INDIANAPOLIS, INDIANA 46240
(317) 573-2700

Application for Group Service Agreement –State of Indiana

The applicant named below (the “Group”) hereby applies to ADVANTAGE Health Solutions, Inc. (ADVANTAGE) for the coverage set forth in the attached Group Service Agreement. Such coverage includes the hospital, medical and surgical benefits described in the Group Service Agreement Application (the “Application”), if any. The Subscriber Group wants to obtain the coverage for certain of its Eligible employees and their Eligible Dependents. The Subscriber Group understands that ADVANTAGE’s decision to accept its Application and to arrange for the provision of Covered Services will be based on the information contained in this Application. If that information is false, coverage may be null and void. The Subscriber Group also understands that, if this Application is accepted, it will be made a part of the Group Service Agreement. The Group Service Agreement sets forth the rights and duties of ADVANTAGE and the Subscriber Group and governs the relationship of the parties.

- I. Subscriber Group: State of Indiana
Address: State of Indiana
402 West Washington Street
Indianapolis, IN 46204
- II. EFFECTIVE DATE: This Application must first be accepted by ADVANTAGE for coverage to apply. The Group Service Agreement shall thereafter take effect at 12:01a.m. on the date shown on Your Welcome Letter. The Group Service Agreement shall automatically renew annually on the date shown on Your Welcome Letter and annually thereafter, unless terminated in accordance with the terms of the Group Service Agreement.
- III. ELIGIBILITY: As shown on the Group Service Agreement. See Your Human Resource Department to obtain eligibility requirements.
 - A. Classes of Subscribers to be covered:
 - ☒ Active Employees working at least [37.5] hours each week
 - ☒ Retirees under 65 years of age
 - ☐ Retires over 65 years of age
 - ☒ Persons on COBRA continuation
 - ☒ Other (Specify):
 - Applicable Waiting Period: [Determined by the State of Indiana]
 - B. ELIGIBLE DEPENDENTS include
 - i) a Spouse;
 - ii) the Subscriber’s unmarried child, including an adopted child or stepchild, until the earliest of the following:
 - (i) the last day of the calendar year in which he reaches age 19;
 - (ii) if he is a Full-Time Student, the last day of the calendar year in which he reaches age 23 or;
 - (iii) the last day of the calendar month in which he marries; and

iii) a Disabled Dependent.

C. RULES OF ELIGIBILITY:

THE SUBSCRIBER GROUP'S FORMAL PERSONNEL POLICIES AND ARTICLE II OF THE GROUP SERVICE AGREEMENT GOVERN WHO WILL BE ELIGIBLE FOR COVERAGE. HOWEVER, NO CHANGE IN THE SUBSCRIBER GROUP'S POLICIES SHALL TAKE EFFECT FOR THE PURPOSE OF THE AGREEMENT WITHOUT THE CONSENT OF ADVANTAGE.

IV. COPAYMENTS AND COINSURANCE APPLICABLE TO MEMBERS OF THE SUBSCRIBER GROUP:

ADVANTAGE Members of the Subscriber Group are entitled to Covered Services, as defined in the Group Service Agreement, subject to the limitations and exclusions set forth in the Group Service Agreement. Those Covered Services that are subject to Copayments, and the amount of Copayment applicable to the benefit, are listed below. Copayments listed as a percentage of charges are to be calculated on the basis of the provider's Usual, Customary and Reasonable Charge ("UCR") for the service, even if ADVANTAGE ordinarily pays the provider on other than Usual, Customary and Reasonable Charge basis (for example, on a capitation basis). For a complete list of Covered Services, Limitations and Exclusions, see Articles VI-VIII of the Group Service Agreement. In the case of supplemental benefits, the Applicant must indicate in the boxes provided whether such coverage is elected or declined.

Out-of-Pocket Maximum is the maximum Coinsurance amount that a Member is responsible for under this Group Service Agreement. The Out-of-Pocket Maximum is \$1,000 per Member or \$2,000 per family, per Calendar Year.]

The Policy Maximum: \$1,000,000 excluding human organ and tissue transplants.
\$1,000,000 lifetime maximum on human organ and tissue transplants.

COPAYMENT/COINSURANCE

- | | |
|----|---|
| 1. | Physician Office Visit
Copayment (applicable to physician or provider office visits for: diagnoses and/or treatment of illness or injury; periodic examinations and health assessments; laboratory and x-ray diagnostic services; care for pregnancy; immunizations; health education; vision screenings and one well-woman exam (self-referred gynecological exam with an OB/GYN within the Member's selected Physician Network in accordance with ADVANTAGE's Adult Preventive Health Standards).

Physician Office Visit
Copayment applies when there is a patient-physician encounter

\$20 Copayment Office Visits (PCP)

\$20 Copayment Specialist Office Visits (SCP) |
| 2. | \$35 Copayment Urgent Care facilities, after hours and physician home visits |
| 3. | \$75 Copayment Hospital Emergency Room Medical Services |
| 4. | \$500 Copayment Inpatient Medical Hospital
Copayment (Applicable to each inpatient hospital admission/stay for diagnosis and/or treatment of injury or sickness, surgical services, short term physical therapy, short term speech or occupational therapy, care for pregnancy.) (See Mental Health and Substance Abuse riders for Inpatient Hospital Copayments related to those services.)
(Maximum 2 Copayments per Member per Year. |

20%	Inpatient Surgical Treatment of Morbid Obesity
5. \$250 Copayment	Outpatient Surgery Services: Outpatient Surgery Services, including related lab and x-ray procedures received in a hospital or freestanding surgery center.
6. \$50 Copayment	Medically Necessary Ambulance Transport
7.	Therapies: Short Term Outpatient Physical Therapy per office or home visit, Short Term Speech and Occupational Therapy per office or home visit. Covered Services include those services provided for a convention which is subject to continuing improvement.
\$20 Copayment Included in Inpatient Medical Hospital Copayment	Outpatient – Limited to 60 visits for each distinct condition or episode. Inpatient Cardiac Rehabilitation – Short Term Outpatient Cardiac Rehabilitation services per office or home visit. Covered Services include those services for the improvement of cardiac disease or dysfunction.
\$20 Copayment Included in Inpatient Medical Hospital Copayment	Outpatient – Limited to 60 visits for each distinct condition or episode Inpatient Pulmonary Rehabilitation – Short Term Outpatient Pulmonary Rehabilitation Services per office or home visit. Covered Services include those services for the improvement of pulmonary disease or dysfunction that has poor response to treatment.
\$20 Copayment Included in Inpatient Medical Hospital Copayment	Outpatient – Limited to 60 visits for each distinct condition or episode. Inpatient
8. \$20 Copayment per day – Home Health \$0 - Hospice	Home Health and Home Hospice Services
9.	Diabetic Supplies subject to ADVANTAGE's Diabetic Supplies Covered Item List. Tier One – Items listed on the ADVANTAGE Diabetic Supplies Covered Item List under Tier One Heading. Tier Two – Items listed on the ADVANTAGE Diabetic Supplies Covered Item List under Tier Two Heading. Tier Three – Items listed on the ADVANTAGE Diabetic Supplies Covered Item List under Tier Three Heading.
50% Coinsurance	
50% Coinsurance	
50% Coinsurance	
10. Same as Inpatient Medical Hospital Copayment/Coinsurance \$20 Copayment per visit	Pervasive Developmental Disorder (PDD) Inpatient Outpatient
11. PCP/SCP Copay when applicable	Injury to Sound and Natural Teeth (ISNT) Injured teeth must be sound and natural; Includes dentally indicated services to repair or replace sound and natural teeth when the injury is traumatic.
12. 20% Coinsurance	Therapeutic Injections

Outpatient therapeutic injections which are Medically Necessary and which may not be self-administered including, but not limited to: chemotherapy, antibiotics, analgesics, hydration, TPN.

13.

Substance Abuse Rider

\$20 Copayment per visit

Outpatient:

Covered up to 20 outpatient visits per contract year.

\$0 per admission

Inpatient:

Covered Services are limited to evaluation and treatment of conditions which Contracting Provider believes will be responsive to short-term therapy. Limited to maximum of 14 inpatient days per contract year. Lifetime maximum of 2 detox admissions.

14.

Mental Health Rider

Short Term Mental Health Therapy – In addition to crisis intervention, Covered Services include those services provided for a convention which is subject to continuing improvement.

\$20 Copayment per visit

Outpatient – Limited to 60 visits for each distinct condition or episode.

Same as Inpatient

Inpatient

Medical Hospital Copayment/Coinsurance

15.

**Outpatient Prescription Drug Rider
Three Tier Pharmacy Rider**

i. FORMULARY GENERIC:

\$10.00 Copayment per prescription up to 30-day supply

ii. NON-FORMULARY GENERIC:

40% Coinsurance per prescription up to 30-day supply (\$40 minimum / Maximum of \$100)

iii. FORMULARY BRAND – WHEN NO GENERIC EQUIVALENT IS AVAILABLE:

\$20.00 Copayment per prescription up to 30-day supply

iv. NON-FORMULARY BRAND – WHEN GENERIC EQUIVALENT IS AVAILABLE:

40% Coinsurance per prescription up to 30-day supply (\$40 minimum / Maximum of \$100)

v. FORMULARY BRAND – WHEN GENERIC EQUIVALENT IS AVAILABLE:

When physician prohibits generic substitution, or Member requests brand name drug, and a generic equivalent is available:

Member pays the formulary Brand Prescription Drug Copayment, PLUS the difference between ADVANTAGE's maximum allowable charge of the brand name and generic drug.

vi. NON-FORMULARY BRAND – WHEN GENERIC EQUIVALENT IS AVAILABLE:

When a physician prohibits generic substitution for a non-formulary drug, or Member requests non-formulary brand name drug, and a generic equivalent is available:

The formulary Brand Prescription Drug Copayment, PLUS the difference between ADVANTAGE's maximum allowable charge of the brand name drug and generic drug applies.

vii. Diabetic Disposable Syringes And Needles:

Brand Copayment applies

Mail order prescription coverage available through Approved mail order pharmacy at 2 copayments per prescription fill up to a 90 day supply

16. 20% Coinsurance

Durable Medical Equipment Rider

17. 20% Coinsurance

Corrective Appliance and Artificial Aid Rider

18. 20% Coinsurance

Family Planning Services
Lifetime Maximum: \$2,500

19. \$20 Copayment for TMJ Services

Temporomandibular Joint (TMJ Disorder and Orthognathic Conditions

\$20 Copayment for Orthognathic Conditions

TMJ Lifetime Benefit Plan Maximum \$1,500
Orthognathic Conditions Lifetime Benefit Plan Maximum \$5,000

V. BILLING RULE:

- a. if employee's effective date occurs between the first and the fifteenth of the month, full premium is due for the employee and enrolled dependent(s) for the entire month. If the effective date of the employee occurs after the fifteenth of the month, no premium shall be due until the first day of the following month. If employee's termination date occurs between the first and the fifteenth of the month, no premium shall be due for the employee and the disenrolled dependent(s) for that month. If employee's termination occurs after the fifteenth of the month, full premium is due for the employee and disenrolled dependent(s) for the entire month. Except when dependent's effective date or termination date coincides with the employee's, full premium will be charged for any dependent eligible for any portion of the month.

X Elected
[] Declined (See "Other" below)

- b. Other:

VI. PREMIUM DUE DATE: First day of the month of coverage.

See the attached rate table.

VII. MINIMUM PARTICIPATION AND CONTRIBUTION REQUIREMENTS:

Minimum participation: 75% Eligible Employees enrolled in ADVANTAGE
Minimum contribution: 50% employer contribution to monthly premiums.

VIII. CONFIDENTIALITY OF PERSONAL HEALTH INFORMATION:

By signing the ADVANTAGE enrollment form and enrolling in the plan or signing a separate Routine Consent Application, the Subscriber permits ADVANTAGE to utilize personal medical information for future, known or routine needs for the purpose of treatment, payment and health care operations. This may include: coordination of care; case management; disease management; quality assessment and measurement; accreditation; decisions about the payment of services; and, other normal business operations related to administering the health

plan. Information may be transmitted to or from ADVANTAGE for the purpose of arranging for health care and benefits. Consent is a condition of enrollment and consent may be revoked at anytime by writing to ADVANTAGE Member Services. The Member may also file a grievance if they feel there is a violation regarding use or disclosure of their personal health information.